

## Improved Pregnancy Outcome— New Initiative, Old Principles

□ For years, the vital records have shown that infant mortality and the rate of teenage pregnancies are higher in some parts of the United States than in others. Close analysis of the statistics reveals that 13 jurisdictions—12 States and the District of Columbia—contribute a disproportionate share of the nation's infant deaths and teenage pregnancies.

□ The Federal/State Improved Pregnancy Outcome (IPO) Program, a new initiative of the Bureau of Community Health Services, is aimed at changing these statistics by improving maternal care and thus pregnancy outcome through better coordination and augmentation of existing resources in the areas with high rates. The Bureau's Office for Maternal and Child Health will make funds available up to \$400,000 per year for not more than 5 years to each area to im-

prove services for mothers and infants through such activities as early initiation of prenatal care, the establishment of referral and outreach systems, and linkages among primary, secondary, and tertiary levels of care. Activities may be restricted at the outset to local areas of a State such as a district, county, or group of counties, but the activities must be a part of the State's Maternal and Child Health Plan and extend statewide by the end of the 5-year project period.

□ To augment the manpower required to deliver the needed services, the health departments of the 13 jurisdictions have been qualified as National Health Service Corps assignment areas. The 13 jurisdictions are Alabama, Arkansas, Florida, Georgia, Illinois, Louisiana, Mississippi, North Carolina, South Carolina, South Dakota, Tennessee, West Virginia, and the District of Columbia.

□ National Health Service Corps physicians can be assigned to the health departments to assist in implementing the IPO Program. The physicians will have the opportunity to participate in the administration of the Program and to practice preventive clinical medicine.

□ Also, as part of the IPO Program, we have contracted with the American Academy of Pediatrics to provide to all States, upon request, an assessment of their need and assistance in program development. A program evaluation manual is being prepared to help the Bureau assess innovative and successful individual elements of State programs that can be shared with all the States whether or not they are receiving IPO funds.

□ The Improved Pregnancy Outcome Program marks the start of an initiative which is not new but rather a concept based on old principles—regionalization, State systems, public health nursing, in-service education, quality service at all levels, and the coordination and integration of resources. Thus, the Program represents not so much a new initiative as a new opportunity, a new adventure. Implementing it in a continuing partnership with the States, we hope to promote and improve the health of the mothers and children of this country.

George I. Lythcott, MD  
Administrator  
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Cover—The Emergency Medical Services Systems Act of 1973 has had far-reaching effects. Some of these are discussed in two papers in this issue. A set of evaluative measures and methods for collecting data to carry out the required evaluation activities appears on pages 315-321. A survey of seven prepaid group practice plans (pages 307-314) explores potential conflicts inherent in the aims of the act and the goals of the health plans. (Photo by Carl L. Howard, Ballston Lake, N.Y.)

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